

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 581141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				7	
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11	1					
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19			1			
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				2		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
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49						
50						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	17	←	19	←		←
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						